

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Victoria Garcia for City Council 2024			Date of This Filing <u>2/21/2021</u>	Date Stamp <b>RECEIVED</b>  2024 FEB 21 P 4:58  CITY OF SAN FERNANDO CITY CLERK	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER <u>761-231-1027</u>	I.D. NUMBER (if applicable) 1465667		Report No. <u>1</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Fernando	STATE CA	ZIP CODE 91340	No. of Pages <u>2</u>		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
1/20/2024	Victoria Garcia San Fernando, CA 91340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Hunt Ortmann Palffy Nieves Darling & Mah, Inc.	24 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
2/2/2024	Victoria Garcia San Fernando, CA 91340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Hunt Ortmann Palffy Nieves Darling & Mah, Inc.	900 <input checked="" type="checkbox"/> Check if Loan 0_____% <small>Provide interest rate</small>
2/20/2024	Victoria Garcia San Fernando, CA 91340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Hunt Ortmann Palffy Nieves Darling & Mah, Inc.	1600 <input checked="" type="checkbox"/> Check if Loan 0_____% <small>Provide interest rate</small>

Reason for Amendment: \_\_\_\_\_

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

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AREA CODE/PHONE NUMBER <u>(818) 511-1000</u>	I.D. NUMBER (if applicable) 1465667		Report No. <u>1</u>		
STREET ADDRESS <u>1000 N. GARDEN ST.</u>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Fernando	STATE CA	ZIP CODE 91340	No. of Pages <u>2</u>		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	N/A			

Reason for Amendment: \_\_\_\_\_